



ENVIRONMENTAL COMPLAINTS & LOCAL SERVICES
TOTAL RETENTION FACILITIES
TOTAL RETENTION FACILITIES with LAND APPLICATION
WASTEWATER BYPASS FORM

DEQ Facility ID: 5-30001 Facility Name: RW+SW #20 County: Pittsburg

Report all Total Retention Facility and
Total Retention Facilities with Land Application
wastewater bypasses to
DEQ/ Environmental Complaints and Local Services
within 24 hours at:

1-800-522-0206

Mail or Fax written report including copies of ANY test results
within 5 days to:

Department of Environmental Quality
Environmental Complaints and Local Services
P.O. Box 1677
Oklahoma City, OK 73101-1677
Fax No. (405) 702-6226

DEQ notified: Sep 23 2018 1:14 PM Received by: _____
Period of bypass: From Sep 23 2018 8:05 AM To _____
ongoing to _____
Type of Bypass: ☐ Pipe ☒ Lagoon/Basin ☐ Manhole ☐ Head Works ☐ Lift Station ☐ Irrigation
Strength of Bypass: ☐ Raw ☒ Partially Treated ☐ Re-use (Category 4) Amount of Bypass: 7,200 gpd
Type of samples taken: ☐ BOD ☐ TSS ☐ Fecal ☐ pH ☒ None ☐ Other: _____
Geographical location of bypass and receiving stream if appropriate: Lagoon #3 SW#20
Reason for bypass: Lagoon was close to breaching
Steps taken to prevent recurrence: Repairs being made to sewer lines
Were fish or other wildlife affected as a result of the bypass? ☐ Yes ☒ No How? _____
Impact to receiving stream and/or surrounding areas: None
Steps taken to clean up or treat bypass: bypass not complete
Reported by: Mark Watkins Title: Contractor
Signature: Mark Watkins Date: 9-25-18 Phone #: (918) 429-6866

DEQ EFS USE ONLY:

Type of Contact: ☐ Phone or ☒ Site Visit Date: 10/08/18 Follow up Site Visit ☐ Date: _____
Geographical location of bypass and receiving stream if appropriate: North of the third Lagoon cell into unname creek
Reason for bypass: Excessive rainfall and I&I issues in collections
Steps taken to prevent recurrence: Addressing I&I issues within collections, Under CO
Impact to receiving stream and/or surrounding areas: None
Steps taken to clean up or treat bypass: Pick up any litter/ solids and lime
Corrective action needed: _____ Comply by date: ECLS
Reported information confirmed: ☒ Yes ☐ No If no, explain: _____
Comments: _____
Signature: Jonathan M. Schulz ID #: 284572 Date: 10/08/18

OKC Central Office Use Only
BYPASS ID #